

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 8-1-03.

### I. DISPUTE

Whether there should be reimbursement for CPT code 95900.

### II. FINDINGS

1. The requestor billed \$1,008.00 for the disputed service.
2. The respondent paid \$384.00 based upon "F – The charge for this procedure exceeds the Fee schedule or usual and customary values as established by Ingenex; and N - Documentation to substantiate this charge was not submitted or is insufficient to accurately review this."
3. Total amount in dispute per TWCC-60 is \$128.00.
4. The insurance carrier submitted an untimely response to the request for medical dispute resolution and will not be considered in this decision.

### III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
11-25-02	95900 (x8)	\$1018.00	\$384.00	F, N	\$64.00/ nerve	Medicine GR (IV)	Nerve study report supports testing of Median, Ulnar and Radial nerves bilaterally. Therefore, the requestor was appropriately reimbursed per MFG for 6 nerves tested.

### IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code 95900.

The above Findings and Decision are hereby issued this 3<sup>rd</sup> day of June 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division